

SOCIAL SECURITY NO.

no

If veteran, name war

no

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL
NAME

Sarah A. Brown

Local File No. 13

PLACE OF DEATH:

County

Eaton

Township

City or Village Vermontville 178-4th St

Name of hospital

(If not in hospital, give street address.)

Length of

stay: In hospital

In this community

5-9

USUAL RESIDENCE OF DECEASED:

State

Mich

County

Eaton

Township

City or Village

Vermontville

Street No.

178 4th St

If foreign born, how long in U. S. A.?

years

Sex

F

Color or Race

W-

Single, Married, Widowed
or Divorced

Widow

NAME OF HUSBAND or WIFE

Name

Ara J. Brown

Age, if alive

Deceased

Birth date of deceased

2-17-1848

Age: Years

Months

Days

If less than one day

95

10

2

hrs.

min.

Birthplace

Weyandotte Co. Ohio

Usual occupation

Housewife

Industry or business

Home

Father

Name

Cecil Augustus Price

Birthplace

Leann, Penn

Mother

Maiden Name

Emma A. Humphrey

Birthplace

Coshington Co. Ohio

Informant

Ethel Trecher

Address

8043 10 mile Rd. Centerline, Mich

(Burial) cremation or removal (Circle the word which applies)

Place

Vermontville Mich

Cemetery

Woodlawn

Date

12/12, 1943

Funeral director's

signature

Myron E. Pray

Address

Charlotte Mich

Filed

12/12, 1943

A. L. Baunghorn

Local Registrar

MEDICAL CERTIFICATION

Date of death

12/19

1943

I hereby certify that I attended the deceased from July

1935 to Dec 19, 1943 I last saw him alive on

12/18, 1943. Death is said to have occurred on the

date stated above at 2 P. M.

Duration

Immediate cause of death

Arterio Sclerosis 10 yrs

Other contributory causes of importance

old age

Major findings and dates:

Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date

Where did injury occur?

(Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature

L. Donald Kelsey M.D.

Address

Vermontville Mich

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